



MEDICAL BOARD OF CALIFORNIA

Licensing Program



License Application Checklist for U.S. or Canadian Medical School Graduates

(Do Not Submit - Keep For Your Records)

Application, Fees and Fingerprints		
<input type="checkbox"/> Application Fee	A minimum of \$491.00 is required to submit an application for licensure. Refer to the <i>Fee Schedule</i> for details.	Notes/Date Sent:
<input type="checkbox"/> Initial License Fee \$808.00 or Reduced Initial License Fee \$416.50	Refer to the <i>Fee Schedule</i> for details.	Notes/Date Sent:
<input type="checkbox"/> Application For Physician's and Surgeon's License, Forms L1A- L1F	Complete all fields, answer all questions and have the application notarized.	Notes/Date Sent:
Fingerprints: <input type="checkbox"/> Live Scan Form (CA Only) or Two (2) Fingerprint Cards	Applicants who reside in California must complete the electronic <i>Live Scan</i> fingerprint process. A copy of the completed <i>Request for Live Scan Service</i> form must be submitted with your application. The form may be obtained from the Board's website. Applicants residing outside of California may submit two completed fingerprint cards or visit a California Live Scan facility. <i>Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees.</i> All personal data must be completed on the fingerprint cards.	Notes/Date Sent:
Examinations		
<input type="checkbox"/> Official Examination Scores from the appropriate examination entity: USMLE, FLEX, NBME, LMCC and State Boards	Official examination history reports may be requested from the following websites: USMLE, FLEX - www.fsmb.org NBME - www.nbme.org LMCC (Canada) - www.mcc.ca <i>Refer to CCR, Section 1328, for a list of acceptable examinations.</i>	Notes/Date Requested:
Medical School Documentation		
<input type="checkbox"/> Certificate of Medical Education, Form L2	Complete the applicant information at the top of the form and mail it to your medical school for completion. A completed Form L2 is required for each medical school attended. <u><i>The completed form must be mailed directly from the medical school to the Board to be acceptable.</i></u>	Notes/Date Requested:
<input type="checkbox"/> Official Medical School Transcript	An official medical school transcript is required from each medical school attended. <u><i>The transcript must be mailed directly from the medical school to the Board to be acceptable.</i></u>	Notes/Date Requested:

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Medical School Documentation (continued)		
<input type="checkbox"/> Certified Copy of Medical School Diploma	<p>A certified copy of your medical school diploma is required. The certified copy must include a statement verifying authenticity, the signature of the dean or registrar and the official medical school seal must be affixed.</p> <p><u><i>The certified copy of the medical school diploma will need to be submitted directly from the medical school to the Board to be acceptable.</i></u></p>	<p>Notes/Date Requested:</p>
Verification of Postgraduate Training		
<input type="checkbox"/> Certificate of Completion of ACGME/RCPSC Postgraduate Training, Forms L3A-L3B	<p>Verification of each year of ACGME or RCPSC accredited postgraduate training is required. Complete the top section and submit the form to the training program for completion. The form must be completed and signed by the <u>current</u> program director and affixed with a hospital or notary seal.</p> <p><u><i>The Form L3A-L3B must be mailed directly from the residency program to the Board to be acceptable.</i></u></p>	<p>Notes/Date Requested:</p>
<input type="checkbox"/> Current Postgraduate Training Enrollment, Form L4 (if applicable)	<p>If you are enrolled in an accredited training program at the time of application, this form is necessary to be eligible for the reduced initial licensing fee. Complete the top section and submit the form to the training program for completion. The form must be completed and signed by the <u>current</u> program director and affixed with a hospital or notary seal.</p> <p><u><i>The Form L4 must be mailed directly from the residency program to the Board to be acceptable.</i></u></p>	<p>Notes/Date Requested:</p>
Verification of Other State Medical License(s)		
<input type="checkbox"/> License Verification	<p>License verification is required from <u>each</u> state or Canadian province in which you hold or have held a license. Verification of temporary, training, or provisional license(s) are <u>not</u> required. <u><i>Request the official license verification to be sent directly from the licensing authority to our Board.</i></u></p>	<p>Notes/Date Requested:</p>
Other Items		
<input type="checkbox"/> Birth Month Licensure Request	<p>Complete the Birth Month Licensure Request form and mail it in with your Application.</p>	<p>Notes/Date Sent:</p>
<input type="checkbox"/> Curriculum Vitae (CV)	<p>Please submit a signed and dated current CV with your Application.</p>	<p>Notes/Date Sent:</p>
<input type="checkbox"/> Explanation to Application Question #_____ (if applicable)	<p>This form may be used to provide a detailed written explanation for a "yes" response to a question on the Application. Please use a separate page for each positive response. The form may be obtained from our website.</p>	<p>Notes/Date Sent:</p>